

**Membership Application Form**

**PLEASE COMPLETE THE FORM IN FULL AND RETURN A SCAN BY E-MAIL TO:**

The Secretariat of the Market Advisory Council

secretary@marketac.eu

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| **APPLICANT INFORMATION** | | | |
| Organisation name in full: | | | |
| Abbreviated name: | | Legal Status: | |
| Registration number: | | Transparency Register number: | |
| Registered address: | | | |
| City: | Postcode: | | State: |
| **CONTACT PERSON** | | | |
| Name: | | | |
| Position in organisation: | | | |
| Phone: | E-mail: | | |
| **NATURE/ACTIVITY OF THE ORGANISATION** | | | |
| VALUE SUPPLY CHAIN (e.g., primary producer, trader, retailer, trade union) or OTHER INTEREST GROUP (e.g., environment, consumers, human rights, health, promotion of equality, animal health or welfare, recreational or sport fishing) - please specify: | | | |
| ORGANISATION OBJECTIVES (Statutes to be attached): | | | |
| MEMBERSHIP TYPE (e.g., companies, individuals): | | | |
| GEOGRAPHICAL COVERAGE (e.g., EU, national, regional): | | | |
| PLEASE EXPLAIN WHY YOUR ORGANISATION WANTS TO BE A MEMBER: | | | |
| **INTEREST IN WORKING GROUPS OF THE MAC** | | | |
| My organisation would be interested in participating in the following Working Groups:  Working Group 1 EU Production  Working Group 2 EU Markets  Working Group 3 EU Control and Sanitary Issues, Consumer Rules | | | |

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| **PLEASE NOTE ANY CONDITIONS OR RESERVATIONS** | |
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| **ACTIVITY COMMITMENT** | |
| FEES FOR THE FINANCIAL YEAR (1 OCTOBER – 30 SEPTEMBER): 200€ to be member of the General Assembly and additional €300 to be member of the Working Groups. | |
| **SIGNATURES & OFFICIAL STAMP** | |
| The undersigned, as a legal representative of the applicant organisation, hereby declares that the organisation, in being accepted as a Member Organisation of the MAC, will fulfil all the obligations of membership, as stated in the official statutes and the internal Rules of Procedure that are agreed by the General Assembly of the MAC, and commits to payment of the annual fees within 30 days of the receipt of the request for payment. | |
| Signature of applicant: | Date: |
| Official stamp of organisation: |  |